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ORIGINAL ARTICLES.

SYPHILIS.*

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IT appears to me, more particularly in the last two or three years, that this subject has received more comment, perhaps more research, than any other one of which I know. So much has been written recently and so many methods advocated for its cure, that we are apt to become confused as to the real facts in the case. Various ideas have been brought forward by men of high standing in the professional world, so many, indeed, that we are at sea, sometimes, to know what they are really talking about, as when one recites his story it seems to be so fine, and another one tells another story and in an entirely different manner, none of them seem to be exact; again, I say, what a perfect bedlam of exactly opposite ideas we have advocated in the treatment of this very important disease. If we would go back, even ten years ago, before the advent of Salvarsan, and consult with some of our men in the profession, several of them might say, "Syphilis is not curable, but we can control it." They would be very honest in their belief, yet they would seem to have no very distinct idea about the subject. Now, most every one seems to know a good deal about it. Then, some would say, those who really professed to know something about the subject, "It is curable, in certain cases, but not in others." This will necessarily be true, undoubtedly forever, because we cannot always get our cases early enough, and even if we could, some of them we cannot control properly, and then there are, perhaps, still a few which, despite all we could do, would not respond to treatment. This may be due to lack of tolerance for the drug which may be needed.

There has never been, to my knowledge, since the beginning of the disease, a time, even in ancient medical history, when this disease did not give the medicine men of those various times a considerable trouble. Rhazes describes a venereal disorder, which he denominates as Bother; other authors also mention it as Bother, and even to this day the name fits very well. The last four years in the history of syphilis have marked more advances in the way of specific cure of syphilis than any other equal time in the history of its treatment. We have before us today Salvarsan, and Neo-Salvarsan, which we are to thank respectfully. These are the weapons that have given us this great special advance in therapy.

Before we start, however, with any of the special remedies for treatment, let us try and consider the disease itself in a scientific manner. First of all, and almost as important as the treatment itself, is careful examination of each and every patient, and let this be so searching in character that the patient will tell you, when you are through with your investigations, "Why, Doctor, I never heard of anybody making such a careful study of my case, or any other like it." I merely mean to make our examination complete, as near as possible, to suit each individual case. Our friend, Dr. Krauss, remarked something like this: Syphilis always leaves some manifestation behind, and referred to some case he had seen, which had been treated for years for the trouble, but really did not suffer with it at all. I fail to agree with the doctor exactly, though, in a measure, the disease usually leaves its mark behind, and we can gain much by study of the case at hand. At the present time, however, it is leaving less traces of its existence than at any other time in the history of its treatment. Physical examination will oft-times replace the Wassermann reaction in its value. I go over the whole system—complete physical examination; examine the urine, the blood, reflexes, the heart and any other organs or tissues that may seem to call for special study. Of course, this applies to all cases, but more especially to recurrent cases. In primary syphilis the urine should always be examined; also the heart very carefully. This is true of secondary syphilis. The reason I always examine the urine and heart carefully, always and in every case, I never care to give an injection intravenously without knowing positively the exact condition of the kidneys and feeling sure how the heart is acting. Further examination; I believe it is a vital point to see that the teeth are in proper condition to take Mercury, if we are giving it, because, as the mouth is the beginning of our digestive system, so let us start at the very beginning and put this part of our consti-

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tution in proper condition for beginning treatment; then, if necessary, the eyes should be gone over by an oculist and have him give a report as to their condition. It is well for us to examine into the mental state of our patient and see whether or not, if he has been to other doctors, he has the proper mental attitude; by that I mean, if someone has told him that the disease is of no importance and all he wants is to get a disappearance of the symptoms; we might better let our case drop at this point than to let this mental attitude go on, as it will only ruin our treatment. He will discontinue treatment too soon or shift from one doctor to the other, only to say to the new doctor: "No one ever told me the importance of this thing, or the infectious nature of my case, and I was left in ignorance of the importance of my condition." I have had patients come in, on the other hand, so desperately scared and frightened by their physicians that every little ache or pain in the eye, or in a joint, here and there, would make them suspicious of going blind, or of getting complete stiffening of a joint, or of some other equally terrible affliction. It is pitiful, sometimes, to see these cases, some of them with a secondary anæmia of pronounced type, emaciated, perhaps a loss in weight of fifteen to thirty pounds, and almost bordering on to tubercular condition, in many cases. In this examination, then, I merely wish to impress upon you one point: Be thorough and careful in every detail, try and overlook nothing; it means so much to the eventual cure of every patient; consider the patient as curable in this disease, as in any other infectious disease; study and examine each and all of its manifestations and it will well repay you for your effort.

After the physical examination, in primary syphilis, it is well to make a slide and stain for the spirochæta pallida, although McDonagh believes that the spirochæta pallida is not the actual cause of syphilis; he believes it is merely the adult male of a complicated life-cycle; there is also a female and spores result from the fertilization of the female cell by the spirochæta pallida. The adult sexual bodies are the main cause of the symptoms, while the spore is the cause of the disease. This is something new to me, so I shall continue to examine only for the spirochæta, as I have enough trouble in finding them. For the secondary and tertiary stages, a Wassermann may or may not be used. If there is any question, from a clinical standpoint, as to our diagnosis, the Wassermann test is of great value; provided, of course, that the patient has not been taking Mercury for about four to six weeks previously. If the patient has been taking Mercury, or if the patient has been drinking heavily at the time of taking the Wassermann test, it is not of any value. I do not consider the Wassermann test in any way as reliable as I do clinical diagnosis, but where there is a doubt the Wassermann test is never wrong, only on the safe side. I believe it to be a very reliable and dependable guide, and I do not believe any case of syphilis can be controlled at the present time by more reliable data than that which the Wassermann test gives us. There is another reliable test which should not be overlooked, but which is overlooked, and that is the therapeutic test, mixed treatment. Wonderful how much this will tell us at times, and wonderful things have been accomplished by its use. There is another clinical test in secondary and tertiary cases that is really a modification of the therapeutic test, and that is, the way that treatments influence the patient's weight. In the past few months I have tried to keep this fact before me in every case, and I try, if possible, to treat my patient so that he will not lose weight, but if there is a chance, try to make him gain weight. If the patient gains weight on treatment, he certainly is getting the proper treatment, everything else being equal. Many patients will come to you, after being well treated, to have you answer the question, "Doctor, am I cured?" This is a vital question and should be answered carefully and honestly. If the patient has been treated thoroughly and satisfactorily by yourself, and the Wassermann is negative and has been so for a period of eight months, and has been gaining weight steadily or holding his own weight, not declining in any way, we may feel that our case is clinically cured. As to the weight question, I place the patients, each and every time I see them in the office, on the scales and weigh them, and thus I see exactly how they are getting on. I consider a patient, from a clinical standpoint, say, at the end of the second or third year, whose reflexes, lymph nodes, skin, kidneys, heart are all normal, who has taken good treatment, perhaps just finished his course of treatment, and who is in good condition, and previous to this has had no skin symptoms for two years; I consider him clinically cured, regardless of Wassermann. The Wassermann then is of great value, when combined with good common-sense interpretation.

Our examination is now complete; we have arrived at our diagnosis, syphilis. The multitudinous varieties will not be considered here, as many volumes are written on differential diagnosis of syphilitic lesions. I only want to impress here that the diagnosis be careful, and make sure, in each and every case, that we are dealing with syphilis, and not something else, and not convict our patient for something that he has not a single trace of. The prognosis of our case depends, usually, on the patient himself, though, it seems as though, some will not get well in spite of all we can do. I believe the general concensus of opinion today is, that syphilis is curable in most cases, perhaps ninety

to ninety-five per cent., if taken at the proper time. That our nerve sequela will be cut down and that in time, if our present treatment continues, most syphilis, well treated, will leave no deleterious effects.

Treatment.—We now arrive at the most important study of our case, that of treatment. Our treatment may be divided into several classes, hygienic, remedial, including all preparations of drugs, hydro-therapic, etc. I wish, first, to say a word on the hygienic treatment of syphilis. I think the patient should use the greatest of care in all his acts, especially in the primary and secondary stage, not to get any of his excretions of infectious nature on towels, closets, cups, etc. He should be instructed most diligently in the strictest rules of hygiene, as applied to his condition. The first thing I use in the treatment of syphilis is a package of ordinary Pebeco tooth-paste, as it puts the gums in first-class condition. On looking over the teeth, it may be necessary to refer the case to a dentist. There are some people working in various different trades, such as manicuring, barber, cooks, bartenders, various other public places, which serve the public every day, that should be told exactly what to do and not to do, and impressed with the fact that if they do not follow your directions they are liable to infect, perhaps, their best friends with a terrible disease. For instance, I have in mind a case who came to me with a history something like this: Patient X., a young college man, came to my office with a sore on his tongue, presumably, as he called it, a canker sore. I looked at the sore very carefully, took a piece of gauze and felt of it between my fingers. Even through the gauze I felt its bone-like consistency, and being on the right side of the tongue, where I could see it well, I beheld as typical a chancre as I have ever seen. This infection came from the much-used fraternity pipe, so I am told, and from the location and all and from a careful study of the case I believe that he told the truth. There is, then, such a thing as acquiring syphilis from patients under our care other than the usual manner, and I, for one, thoroughly believe in impressing each and every case with the fact that they are liable to convey their infection, not only to innocent members of their own families, but to the public in general.

Now as to the remedial treatment, where we all should be exact, and where there is such a variety of opinions. I believe, if we take the case as a whole, and prescribe in this disease in a general way, just the same as if it were any other disease, the indicated remedy, we have the whole solution of this problem. Of course, syphilis has been prescribed for empirically so many years that it is hard for us to get out of notion to do otherwise. Years ago, when I was a boy, on a Saturday afternoon, together with other children, we would go for a walk out into the country and always on the road, we would hunt for ant piles and seek, if possible, to destroy them, one and all, by digging them from their nest, but when the next week rolled around and we passed by the same way the ants had filled up the nest and we were no more able to destroy this ant hill in one attack than we are, at the present time, to destroy the infection of syphilis by one dose of Salvarsan or Neo-Salvarsan, except in very early primary stages, and then the chances are so great that we do not get all the spirochæta in one fell blow that it is well to proceed with further treatment to make sure that recurrences will not happen. So why, then, try and abort it, except in a few selected cases? The success of the treatment, in another way, depends also upon the fact that our organism is one that requires different remedies at different times. I believe it folly to try to treat lues with Arsenic alone, Mercury alone, or any of the other anti-syphilitic remedies, as the spirochæta promptly acquires an immunity to (*any*) remedy, so we must rapidly change our remedy to suit the case. Neo-Salvarsan is at present regarded as a more feeble remedy in its action than the old Salvarsan, and, though this is the case, and Salvarsan is reputed much stronger, a change from Salvarsan to Neo-Salvarsan will often convert a positive Wassermann into a negative. On this assumption, then, especially in primary cases, why not alternate the two so that the spirochæta will have no time to acquire an immunity, even slight, to either of these preparations. It is well known for centuries that the Protoiodide of mercury, if given by mouth, usually fits the indications for the first year, perhaps. Of course, there are special symptoms that require other remedies, so this is a general rule which we do well to follow if we cannot see our patients regularly. Now, in the second year, Binoiodide is a remedy to be considered, and in the third year we all know that the Iodides are the preparations that we consider. These are general considerations to follow and to be deviated from where other indications present themselves; for instance, some people cannot take Mercury, even a tenth grain of the Protoiodide will cause them much trouble, so that our Arsenical preparations must be relied on more or less.

Let us consider the treatment of primary syphilis. The earlier the treatment is begun (contrary to older ideas) the better for our patient, the more favorable our prognosis. The most favorable cases are those without Adenopathy and with negative Wassermann. The treatment consists in an alternation, at weekly intervals, of, first, Neo-Salvarsan, Salvarsan for a period of about three to five weeks. A period of rest and the indicated Mercurial remedy given by inter-muscular injections, once per week, for

about six weeks, then a period of rest and the case proceeded with and watched and treated according to the Wassermann reaction. After the treatment is discontinued, a serum examination should be made every two months and treatment instituted accordingly. Re-appearance of a positive Wassermann is an indication for further treatment. After a period of a year or more, according to the case, the patient may be considered cured, but I still feel sure that it will do no harm to agree with our friend, Dr. Jousset, who always insists that his patients return, if possible, each year for further twice yearly courses of perhaps tonic doses of Mercury and Iodides, or whatever may be indicated.

Secondary Syphilis.—Here we have to deal with usually a Mercury condition. Several doses of Mercury are given inter-muscularly of the soluble Mercury, a dose given each day is preferable, and at the end of a week or two the patient is given a dose of Salvarsan or Neo-Salvarsan. If the patient lives out of town or cannot receive as careful and systematic watching as you desire, it is a safe plan to give the indicated Mercurial remedy in the proper dosage, according to the stage of the disease and the effect desired. I keep the patients on Mercury for a period of one to three months, then have them return for another dose of Salvarsan. Watch their progress, as best I can; make Wassermann, when possible, and thus treat them the best I can. If, however, the patient is in town, where he can be seen regularly, and watched carefully, I proceed a little different. After a course of inter-muscular injections, I alternate to an Arsenical preparation, then a varying period of rest and a course of inunctions are given, perhaps; especially are inunctions efficacious if Adenopathy exists. The inunction method has for years been exploited successfully at our various watering places, and it was there, before the advent of the new Arsenical preparations, that syphilis was treated with such remarkable success. I believe it was due to that long-tried method of rubbing the Mercury in well.

I often have the patient come to the office and show me how he uses the Mercury for a rub. It is essential to have the surface washed well, dry and clean, then rub long and furiously, not so hard as to scrape off the epidermis, but rub in well for a period of half an hour, the amount that you wish to give. I like to give, once a week perhaps, during the course of inunctions, a spinal rub. I do this in the office personally, and by the time the patient has received his course of Mercury and has gained weight we can feel that we have, indeed, done him lots of good. If our patient is one who can well afford an attendant, massage, Turkish baths, exercise, all lend strength to our treatment. It gives him appetite, increases his constitutional resistance and places his whole system in far better working order. All these adjuncts are worth mentioning, because they may become absolutely necessary in some cases to eradicate the disease.

Tertiary conditions are treated by Mercury, as a rule, in the form of a Salicylate, given intermuscularly. It is wonderful, sometimes, to see what this kingly remedy will do in old cases of periostitis gummosa of the anterior tibia for instance. Watch these lesions literally melt away as snow before the sun, and you will not get a quicker action, as a general rule, from any remedy than you will from Mercury. I usually give the Iodides along with the Mercury by mouth, and it is the action, of course, of the two that we are after. Now, then, there are some lesions of the throat where rapid destruction of tissue is taking place that call for 606 or 914, and these should be given after the course of mixed treatment if the improvement has not been as it should be.

I will now consider one other important remedy in the treatment of syphilis; it may not seem important to some, but to me it stands high; that is, Hepar sulphur. I give this, as you all know, after Mercury, especially in patients who have come to me after a thorough course of treatment, perhaps where Mercury was not tolerated, and it is well also to give this drug for a short time during all our periods of rest. It acts especially upon the lymphatic system and simulates Mercury in its action on the glandular system, and seems to make the Mercury, perhaps, what is stored up in the system, from previous course of Mercury, more soluble: the Mercury then is put into the circulation, and we have this excreted and the system renovated, so to speak, placed in better condition to receive whatever form of treatment we may desire. I have in mind a few other remedies, but especially Echinacea and Phytolacca, which are very valuable inter-current remedies in some of these cases.

Just a word as to the technique of our various different procedure; I prefer the intra-venous methods for giving Neo-Salvarsan. I give it usually in concentrated solution, using the various sized Leuer syringes, varying from ten to twenty-five C.C. dilution in distilled water; a short, straight, fine bore needle is preferable, though larger needles may be used. I prefer to give these injections in the morning, if possible, say, about 11 o'clock; the patient is given a cathartic the night before, a light breakfast is eaten, and a sample of urine brought to the office on the morning of the injection. The heart is also again re-examined, just before the injection is given. Everything complete—our injection over—the patient is allowed to stay in the office for from one to three hours, and, if everything is O. K., he is allowed to return home. In the giving of approximately 150 injections in

this manner I have had no mishaps, and I attribute it to the fact that I have been very careful in the preparation of my patients.

In giving Salvarsan I usually prefer half a dose in the region of the buttocks on each side, given in oil. A good many object to this method on account of pain, but if the patient is given a dose while standing, with the buttocks relaxed, the pain is not so severe. There has been a good deal of objection to this method, different ones saying that it was not absorbed, that the action was not good, etc., but I have found it very efficient. The intra-venous method of giving Salvarsan is well known, and though I use it frequently I prefer, when giving Salvarsan, to use the method described and leave the Neo-Salvarsan for my intra-venous work, as I feel more safe with it.

In conclusion, I wish to only say, that this is a subject open for constant study and improvement and that so far as we know now Arsenical preparations, Mercuries and the Iodides are our best friends in its treatment.

THE TREND OF MODERN MEDICAL THOUGHT AS COMPARED TO THAT OF HAHNEMANN.

BY L. J. GIBSON, M. D., SAGINAW, MICH.

"HOMŒOPATHY, first promulgated by Hahnemann in 1810 (Sic) before the great Renaissance of scientific medicine took place, is a survival of the medical thought of the Middle Ages. A careful examination of the original literature constrains me to the judgment that the evidence in which the doctrine of similars was based is utterly unconvincing. The infinitesimal dosage, the centesimal dilutions, the idea that diluting and shaking medicines develop a mysterious potency—all these are stupenduous nonsense." These are quotations taken from the Presidential Address, entitled Medical Sectarianism, delivered by Dr. John B. Nichols before the Medical Society of the District of Columbia and published in the Journal of the American Medical Association, in 1913.

The following paragraphs are taken from the Chairman's Address before the Section on Pathology and Physiology of the annual 1914 Convention of the American Medical Association: "Work well done along any line of human endeavor is a satisfaction and a regard in itself. Still it behooves us to pause once in a while in the press of our labors in order to ascertain whether the direction which we are following is the correct one, whether there is promise of progress commensurate to the effort employed, or whether a shifting of the point of attack or a change of the means employed may not give better results. This seems to apply with special force to pathology at the present moment, when we hear such warnings as that addressed to us by Yandell Henderson, who, in 1911, stated before this section that 'A man trained by autopsy and microscope is inevitably a morphologist. Just in proportion as he is fitted to deal with morphologic processes he is unfitted to handle and expound functions of a physical nature—unless, of course, he happens to be an all-round genius,' or when we hear the repeated admonition of such men as Meltzer to pay less attention to morphologic problems and more to functional studies."

"I know, from personal experience, that there are large and important fields in pathologic anatomy which need much new work before they are anywhere near their possible completion. From this point of view, in many cases, the surface seems hardly to have been scratched. The common types have been fairly well established, but the more intricate problems especially, again in relation to the functional disturbances, have been hardly worked up at all. When we descend from the text book picture to the individual case and to a careful scrutiny of its individual problems, we find no end of stimulation to investigation and research, even along anatomic lines."

"In our study of function we cannot, of course, rest entirely on an anatomic basis, because evidently many problems connected with this subject are not open to anatomic investigation. The structural changes which underlie them are so minute that they cannot be approached by means of the scalpel or the microscope. Recently, for instance, studies have been carried on in our laboratory in regard to the severe disturbances in nitrogen metabolism, which follow anaphylactic shock. They do not seem to be associated with any discernible lesions in any of the important organs, in spite of the fact that they persist for a considerable period of time and eventually cause the death of the animals. This is by no means an isolated example even if we exclude from consideration the central nervous system, the mysteries of which, in spite of great advances in our knowledge, are still so baffling."

The following paragraphs are taken from contributions by Dr. Vaughan, of the University of Michigan, who has written extensively on anaphylaxis and its relation to immunity and disease: "The word anaphylaxis is a misnomer and is very misleading. Anaphylaxis is a study of parenteral protein digestion and its effects and the phenomenon observed that this word represents, means without protection. Richet observed that if a watery albuminous extract was injected into an animal, say, today, and waited for a few days and he then made a second injection, the animal died. What was more natural than for Richet to say, 'I have taken away all the resistance the animal has; I have made it more susceptible,' and he coined the word, ana-

phylaxis. Instead of the word anaphylaxis, we might use the term—sensitized protein."

"All bacteria are cellular organisms and the body is made up of many cells; so every infectious disease is an instance of foreign cells invading body cells. There is only one way that cells can live, and that is by elaborating ferments, in order that they may feed. There is no way for them to obtain nutriment but by splitting up the body cells of man so they can live. The cells of the human body furnish ferments which split up the bacterial cells. The capability of a cell to furnish poison does not determine whether it is pathogenic or non-pathogenic. The prodigious produces the greatest amount of poison yet, is classed as non-pathogenic micro-organism, while the anthrax bacillus is highly pathogenic and only slightly poisonous."

"All instances of racial immunity and many instances of individual immunity are due to the fact that the bacterial cells cannot split up the cells in the animal body while the body cells render the bacteria harmless. Every protein molecule, whether dead or alive, contains a poisonous substance, which has never been obtained in the pure state. One one-hundredth and thirtieth grain of protein will kill a guinea pig in five minutes. This is a poison, not a toxin, as it produces no anti-body, animals cannot be immunized to it, showing that it is a poison, not a toxin. Yet we eat protein at every meal, every molecule of which contains a deadly poison. The elementary ferment of the alimentay canal break them down as digestion proceeds into non-poisonous products the amido-acids, which are synthetized in passing through the intestinal walls and changed to form the proteins characteristic of the human body. Hence it is evident that there exists two forms of digestion, enteral digestion, which takes place in our alimentary canal, and parenteral digestion, which means digestion anywhere else than in the alimentary canal."

"Proteins sometimes get into the body without getting into the alimentary canal, such proteins for instance, as the protozoa and bacteria. They gain entrance into the human body by inhalation or through wounds. Once into the body, they grow and multiply, providing the ferments are able to split up the tissues of man, so the cells of the body, outside of the alimentary canal, must elaborate ferments. This is called "parenteral digestion," or digestion in the blood or tissues. A ferment is elaborated by the blood cells or fixed cells, so the poison of the protein molecule is set free. In this instance, it is clear that there is no alimentary canal to protect the body so we have the action of the poison."

"Roseman found that he could sensitize a guinea pig with one millionth cubic centimeter of horse serum; the symptoms of the untoward effect following the second injection manifest themselves under three stages; in the first place, there is the stage of peripheral irritation, manifest by the guinea pig scratching every part of the body, the irritation not being limited to the site of the injection. This was the stage of urticarias and erythemas. The second stage was marked by greater or less paralysis and lack of co-ordination, while the third stage was characterized by opisthotonus, ending in death. This condition is what we obtain by a second injection in an animal. Now what has taken place? What we have done is to split up the protein and inject protein poison. Death from anaphylaxis is death from protein poisoning. When the animal dies, we say that he has passed through anaphylactic shock."

"It has been demonstrated, in fact, that there is enough protein in the expired air to sensitize. Experiments have been made by breathing into tubes cooled down so as to condense the breath. The condensed expired air has been found to kill guinea pigs. Furthermore, guinea pigs kept in the same room with horses, in a poorly ventilated stable, will eventually die from even a first injection of the horse serum."

"One of the most important facts developed in the study of protein sensitization or so-called anaphylaxis is that the nature and activity of cellular ferments may be modified and specific ferments developed. For instance, work in my laboratory has shown that the blood-serum of a fresh guinea pig has no digestive action in vitro on egg-white, while the serum of an animal sensitized to this protein does digest and lead to the liberation of the protein poison. The same is true of animals sensitized to other proteins, bacterial, vegetable and animal, all of which contain the protein poison. This offers a simple and satisfactory explanation of certain forms of immunity, both natural and acquired. A man has yellow fever and recovers and is then immune to this disease. During the attack, the body-cells become sensitized and elaborate a specific ferment, which destroys the virus of the disease. When subsequently the man is bitten by an infected mosquito the specific ferment, destructive to this virus, is promptly active, the virus is destroyed before it can multiply sufficiently to disturb health and the man is immune. The virus of vaccine, an attenuated form of the small-pox virus, is inoculated into the body, sensitizes the cells and subsequently there is, for a time at least, immunity to this disease. A similar explanation suffices for vaccination for typhoid fever and other diseases for which effective vaccines have been discovered."

An article, entitled Infantile Sensitization to Egg Albumin, by Dr. Herbert M. Rich, was delivered before the Michigan State Medical Society at their annual 1914 convention from which the following paragraph was taken: "The clinical history of three cases was given and that although he had been able to find only fifteen cases

in the literature, and it is spoken of as a rare condition, it was by no means unusual for the reason that he had himself seen ten cases in the last few years. The rational treatment for this condition, he says, is, of course, to overcome the sensitization. This was done for the first time by Dr. A. T. Schofield and reported in the Lancet in 1908. The case was a typical one, the boy had grown to be thirteen years of age. In spite of precautions he was frequently made ill by this peculiarity. There seemed to be no tendency to recover. The boy was given a pill containing 10,000 part of an egg-white in calcium lactate and this to be given once a week. It took nearly two years to enable him to take the whole of an egg. The cure, however, seemed to be a permanent one. Case one, of his series, was treated according to the Schofield method and was able to take a whole egg after about a year. Some of his other cases are now under treatment."

The conclusions finally arrived at by so-called modern medicine (scientific medicine) in regard to the size of the dose of Tuberculin, after thirty years' experimentation, is too well known to require only its mention.

The question may here be asked, Is this not working in conformity to infinitesimals, and to the law of Similia Similibus Curentur, as promulgated by Hahnemann? On pages 74 and 75, paragraphs 28, 29 and 30, of Hahnemann's Organon, read as follows: Since this natural law of cure has been verified to the world by every pure experiment and genuine experience, and has thus become an established fact, a scientific explanation of its mode of action is of little importance. I therefore place but a single value upon an attempt at explanation.

Nevertheless, the following view holds good, as the most probable one, since it is based entirely upon empirical premises. We have seen that every disease is based upon some particular morbid derangement in the feelings and functions of the vital force; and thus, in the process of a homœopathic cure, by administering a medicinal potency chosen exactly in accordance with the similitude of symptoms, a somewhat stronger, similar, artificial, morbid affection is implanted upon the vital power deranged by a natural disease; this artificial affection is substituted, as it were, for the weaker similar, natural disease, against which the instinctive vital force, now only (*stronger*) diseased by the drug affection, needs only to direct its increased energy; but owing to its brief duration it will soon be overcome by the vital force, which, liberated first from the natural disease, and finally from the substituted artificial (drug) affection, now again finds itself enabled to continue the life of the organism in health.

This very probable process is based upon the following propositions: Natural diseases are cured and overcome by proper medicines, because the health of the human body seems to be more readily affected by drugs (also because it is in our power to regulate their dose) than by natural morbific agencies.

The following paragraphs are taken from an address by Sir James F. Goodhart, entitled The Passing of Morbid Anatomy and delivered as the Harvian Oration before the Royal College of Physicians of London in 1912:

"Years ago, when the scientific world was pulsating under the influence of the master mind of Virchow and of his cellular pathology, many were hard at work studying and describing the features of morbid growths, and trying to obtain an insight from the histological appearances of how, and, perhaps, why, they came. What did morbid anatomy and histology—the cellular pathology of that day—tell to the Mid-Victorian pathologist?"

"Well, it was known in those now seemingly far-off days that the autogenous propagation of tumors was not uncommon—one could see it almost any day in the post-mortem room—in the peritoneum, for example, where a tumor originating in one part of that membrane was transplanted to another part, and was well rooted there. It was well known, as the result of experiment, that exogenous plantings in similar regard were seldom attended with success."

"We knew, or thought we knew, that seats of worry were prone to take on malignant growth; that the well known nag of clay pipe, or irritating smoke, of soot, was associated with epithelioma; we knew, or thought we knew, that simple and malignant tumors have repeatedly been demonstrated and were liable to be found side by side in the same body, a point that I have repeatedly demonstrated in the dead-house, and that seems to me to cast a doubt upon the claim still maintained, I do not say wrongly so, that malignancy is something altogether apart from ordinary growth. But it was surmised by some from what was seen that a spermatic, or, perhaps, graft-like, influence was at work in one group that was not to be seen in the other, and that, so it seemed to me, this influence gradually communicated itself to the cell structures in the neighborhood until they ultimately shared in the process and fraternized with the ill-tutored agitator."

"And thus regarding nature, is there anything improbable in such a pathology of morbid growths? Is there not in the natural order of things, if so I may speak of what, in the empire of the corpus, becomes disorder, a place ready for it, a chance that such a thing may come? Are we wrong to expect that if a complex body is possessed of energy, for orderly growth and development, that this disposition or force will now and then slip its leash and run off on its own? An analogy of this kind seems to me to

convey a workable conception of a scheme of malignancy, where ordered growth diverges by successive steps of variation, of indulgence of function, until cancer appears, until malignancy becomes the insanity, shall I say, of function. And does not an idea of this kind foreshadow and father, too, the modern doctrine of the individuality of protoplasm, which I take to be taught by cell eating (phagocytosis) and other forms of irritative response of which now we hear and think so much?"

"Think of the fact that x-rays so stimulate the surfaces as to lead, in the first instance, to an excitement and proliferation of the superficial cells of the skin, and then, too often to cancer. A most vital acquisition this to our knowledge; an obvious sign-post—not too distinct—upon the road we are traveling."

Here life from two worlds is, perhaps, forming into line, and as in the one, so in the other, say, by some direct inducement to the cell, or adaptive alteration of the nutrient juices—photo- or chemo-synthetic, in kind, maybe—an intensive cultivation is brought about, one may even suggest that the equivalent of a top mulch is applied. Thus I see in cancer a home-grown weed, or a prodigal son, alas, by no means yet worthy of the fatted calf, and in my study I seem to light upon the fundamentals of eugenics, and, indeed, to hark back to their earliest dawn.

Thus what we call pathology is growing up. But are we sufficiently alive to the fact that it is no series or stationery phenomena, but constantly on the move, like all else in nature, and in being so shifts its ground. That it changes absolutely you will, I think, readily admit. As I think of disease in the post-mortem room 40 years ago what alterations have we not seen. Pyæmia may be said to be wiped out; typhus is well-nigh forgotten; typhoid fever has altered; diphtheria seldom attains the initial severity that so often characterized it of yore, and is much more amenable to our attack; scarlet fever is of a much milder type; erysipelas is more of a rarity; malaria and Mediterranean fever have been run to earth; the late results of syphilis seem to me to be far less often in evidence; lardaceous disease, so very common in our early days, is now seen but seldom; and we have come at grips with acute rheumatism, and, let us hope, with tuberculosis. Probably as much might be said of other diseases, and all will, I suppose, admit that good old age is both more prevalent and enjoyable.

It is true that these ills belong to the great group of epiphytic diseases that has been abolished in direct response to the researches of Pasteur and Lister, and that there is no such evidence of any general move along the line; but make away with even one large group of maladies, and how large a part of the morbid anatomy of the organs must alter, too, and even then how little account would be taken of numberless arrested purposes that make for the beginnings of other diseases.

I remember, in the early days of ovariotomy, making the observation that those who succumbed thereto were mostly those who had suffered from hæmorrhage into the parts concerned, especially, of course, into the peritoneal cavity. And examining the blood extravasated under these circumstances one could see it peopled with countless hosts of minute bodies that the bacteriologist is now in some measure able to name and to classify. It was evident even in the rude experiments of those days that blood was a favorable soil for their production, and one even had a suspicion that intensive cultivation lay there, but failed to detect its presence.

And pathology still is shifting. We have not reached finality. Even bacteria are probably results and not causes; they strive with or cancel one another to ulterior ends, and we are gliding on in advance of the most painstaking morbid anatomy.

Now all these changes and shiftings of ground suggest to me the existence of a struggle on the part of the pathologist to find out some morbid change for every disease, and it is, indeed, admitted that we have been ever more and more reducing function to terms of a structural change. But now the time has come when it seems worth while to insist that all this work upon the foundation—whether it be anatomical, histological, chemical, physical—has, unconsciously perhaps, but none the less inevitably, been ushering in another point of view than that from which we started, and the latest phase of pathology is this more intricate one that concerns itself primarily with the investigation of function. It is now no longer so much the morbid change, as the prejudicial function, that is to be our quarry or rather the passage of one into the other. It is to this point that the researches on cancer have come.

As pathologists, we are now trying to identify, as it comes and passes, that coign of clinical medicine, where a detrimental method of function commences devolution and sets toward decay.

And what numberless instances are there where with no accessible morbid changes this is the problem. Perhaps, it may even be said that there is no disease, however much we think we do know about it, in which this is not the problem still.

It used to be said that acute disease is mostly an outburst from a chronic one. This is but very imperfectly true.

It is true that many an acute attack of disease is supposed to be de novo when, as a fact, further investigation proves that it has followed upon pre-existing changes. But then these, in their turn, have come about in so insidious a

manner that they have never been capable of recognition as disease at all, and I am here today to contend that the future of pathology will be a physiological one, the study of erratic function that has confirmed itself into a habitually baneful one. And I see no reason for limiting the pathology thus engendered to function only. It is surely permissible to hold that morbid function may bring about structural change. There is not an organ of the body of which this is not true, but how largely and obviously so when applied to the brain. A large part of the structural disease of the brain is led up to by slow and insidious misapplications of thought and action that ultimately declare themselves as pronounced disease, insanity thus becoming a cancer-like mood of the cells of thought, as well as a mood of growth.

Another instance may well be fatigue, for it nowadays is a disease. What more common than to meet woman or man who is "So tired, always tired." We all know the machine that will not spark aright. Every movement an effort; even rest a pain. You know too well that there is nothing to be called structural change, and that even rest furnishes you with no remedy. It is clear that what is required is a fresh stock of some form of energy for charging up the machine that we are as yet not able to supply. So far away and yet perhaps so nigh. These are they who are born out of due time, the day of their like has yet to come.

Even more than death, pain is our hereditary foe: no quarter given. In olden days hysteria stalked abroad, but today a broader view of physiology would teach that pain is no certain indication of any existing morbid anatomy; that its intensity is always subjective, individual, aloof from standardization and it is evident that in such chronic pain one needs to recreate the nervous elements, or to instill the machinery in motion, and guide it smoothly on its lifelong bent.

Of the groups of disease that might be mentioned few are of more abiding interest than that which concerns itself, again, with Harvey's realm and the finer processes of the circulation. How little we, as yet, know about these conditions, but surely distraught function is busy with them. Think what suggestions are contained in such an hypothesis as that of vascular spasm, or, to put it more generally, of peripheral stasis. Long years ago, our trusty and well-beloved Fellow, now Regius Professor of Medicine at Cambridge, wrote a short paper on Mental Anxiety as a Cause of Granular Kidney. It was to me one of those illuminating suggestions that have added an interest to my life. I believe it to be abundantly true, as I do that similar malign influence by dislocation in some way, as I suppose, of our correlated impulses, make for cancer. You must have often seen the nervous, anxious, worried man with the phenomena of high tension, and have felt able to predict in posse the future disease of this organ, or of that. Such conditions, real diseases though they be, are but functional, but what a wealth of pathology is wrapped up in them.

Thus, as it is with life, so, in a measure, is it with its diseases. Life itself is a developing function; it comes to each one of us from the past with innumerable atomic differences gathered by the way. Professor Arthur Keith, from another place, can say to us that a thousand years is as one day, so like is this to that; yet also one day is as a thousand years and in that day so multitudinous and infinite have been the changes that life now is another life—the same, yet not the same.

This all too brief survey must suffice to show how much pathology there is yet in front of us, if the future is to be disentailed of its heritage of disease, and how difficult it must be to acquire the information necessary to enable us to bring the aid we would to sick humanity.

The following paragraphs are taken from Hahnemann's Organon, written more than one hundred years ago:

The material organism without vital force is incapable of feeling activity or self-preservation. This immaterial being (vital force) alone, animating the organism in the state of sickness and of health, imparts the faculty of feeling, and controls the functions of life.

In sickness this spirit-like, self-acting (automatic) vital force omnipresent in the organism, is alone primarily deranged by the dynamic influence of some morbific agency inimical to life. Only this abnormally modified vital force can excite morbid sensation in the organism, and determines the abnormal activity which we call disease. This force, itself invisible, becomes perceptible only through its effects upon the organism, makes known, and has no other way of making known, its morbid disturbance to the observer and physician than by the manifestation of morbid feelings and functions; that is, by symptoms of disease in the visible material organism.

Diseases are produced only by the morbidly disturbed vital force, hence the manifestations of disease discernible by our senses, at the same time, represent every internal change (*i. e.*, the entire morbid disturbance of the dynamis), and expose to view, so to speak, the whole disease. It follows that after the cure of such manifestations of disease, and all discoverable aberrations from healthy vital functions, their disappearance must necessarily and with certainty be presumed to results in, and to determine the restoration of, the integrity of vital force, and the return of health to the entire organism.

Within the human body there is no curable disorder, nor any curable invisible morbid change, that does not make itself known as dis-

ease to the exact observer by means of signs and symptoms, quite in accordance with the infinite goodness of Divine Wisdom.

Hence the affection of that morbidly altered, spirit-like dynamis (vital force) animating our body and residing unseen in its interior, and the complex of externally perceptible symptoms caused by that power in the organism and representing the actual disease, constitute a whole—one and the same. Although the organism, as material instrument, serves for the purpose of life, still this organism is as inconceivable without animation derived from the instinctive feeling and controlling vital force as the vital force without the organism; consequently, both constitute a unit, although our reason in its process of thought separates this unit into two ideas for the convenience of comprehension.

The effect upon the state of mind and disposition is the principal feature of all diseases, and seems to have been specially ordained by the Creator of all healing powers. There is not a single potent medicinal substance that does not possess the power of altering perceptibly the mental condition and mood of a healthy person who voluntarily tests a drug: indeed, each medicinal substance affects the mind in a different manner.

It becomes apparent upon reflection that no external disease (not occasioned by some particular external lesion) can be originated, hold its place, or, least of all, become aggravated without some internal cause, or without the participation of the organism, which, consequently, must share in the morbid condition. An external disease of that kind could never make its appearance without involving the entire state of health, and without the participation of the living whole; that is, of the vital force governing all the other sensitive and irritable parts of the organism. The growth of such a disorder is inconceivable unless called forth by a morbid condition of the entire vital principle. In fact, all parts of the organism are so intimately connected as to form an indivisible whole in feelings and functions that not even an eruption on the lips, or a case of paronychia can be accounted for without assuming a previous and simultaneous diseased state of the body.

Hence, disease (not subject to the manual skill of surgery) considered by allopathists as a material thing hidden within, but distinct from the living whole (the organism and its life-giving vital force) is a nonentity, however subtile it is thought to be. It could have originated only in the minds of materialists, and has, for thousands of years, imparted to medical science manifold deplorable directions, stamping it as an unwholesome instead of a healing art.

Finally, in conclusion, your judgment, as to the direction in which the trend of modern medical thought is pointing, we will leave to the unprejudiced discretion of the reader's individual reasoning.

408 Wiechman Bldg.

AN APPEAL FOR AID.

WE print the following highly interesting communication from Dr. E. P. Hoyle, now at the front. Dr. Hoyle is well known to our American profession and deserves the cordial support and assistance of every Homœopath in the country. He is making homœopathic history:

I am pleased to be able to tell you that we are on the point of opening a Homœopathic Hospital at Neuilly, Paris, for "Malades Militaires," having just obtained full authorization for same from the proper department of the French War Office, the only restriction placed on us being that we must *not* use the name Homœopathy on the hospital buildings or upon our ambulances, but we *have* the permission given us to use any therapeutic measure we desire, inside the hospital itself, AND THE RECORDS ARE OURS—after the war!

How does this concession strike the profession?

You will also be pleased to hear that the International Homœopathic Council was the prime mover in this work, though it is fair to say that the London Homœopathic Hospital Board, the British Homœopathic Society, the British Homœopathic Congress, the Liverpool Homœopathic Association, and various provincial hospitals are all at one with us in this work, barring, probably, one or two "squealers," who would kick at receiving a gold brick, if it was not wrapped up in gold leaf.

This will be the only hospital in the field where homœopathic therapeutics is frankly used, even if the name is not plastered on the walls and roof. Moreover, OURS WILL BE THE ONLY HOSPITAL FOR "MALADES MILITAIRES," though we may have some copyists later.

"By Malades Militaires" I mean such cases as pneumonia, bronchitis, pleurisy, enteric, diarrhœa, dysentery, rheumatisms (of all varieties), sore throats, and maybe some tetanus.

Our hospital, which will be a reuglar auxiliary hospital for the French War Department, with an official number, and will be styled, we hope, BRITISH-AMERICAN HOSPITAL FOR MALADES MILITAIRES.

You will remember Dr. Bernard S. Arnulphy, late of Chicago, where he was a professor in Hahnemann College, but now of 39, Boulevard Haussmann, Paris. He is also an American and will be one of our consulting physicians. He and I will, therefore, keep the American end well to the front.

The rest of the Medical Staff will be drawn from the best men of the London Homœopathic Hospital Staff, the Liverpool Homœopathic Hospital, and various other British Provincial Homœopathic Hospitals, many of whom have declared they are wiling to take a month's duty at a time. Dr. McNish and I will be permanent resident physicians.

Weight will be given this undertaking when I tell you that such men as Doctors Burford, Byres Moir, McNish, James Johnston, Wynne Thomas, Frederick Neild, Cash Reed, A. E. Hawkes, Spencer Cox, Roberson Day, and Kennedy, besides others, have promised to take their share of duty, and we shall back all our work with a trained bacteriologist, to give scientific precision to our diagnoses, for statistical evidence later on. Locally, we shall draw on the best Parisian Homœopathic Confreres, so we ought to do good work, and work which will stand our Cause in good stead for many years. Our only anxiety is money, but even here we are assured of a certain amount subscribed locally, but this amount, in our minds, will not enable us to do justice to this momentous opportunity, therefore if our American colleagues could obtain for us some financial assistance it would ease our minds and enable us to do the highest class work. Any such donations should be sent direct to Dr. George Burford, Vice-President of the International Homœopathic Council, 35 Queen Anne Street, Cavendish Square, London, W.

THE FACT THAT A NATIONAL GOVERNMENT HAS EMBRACED THE OPPORTUNITY AND PERMITTED HOMŒOPATHS TO PROVE THEIR WORTH SHOULD BE BORNE IN MIND BY THE WHOLE OF OUR SCHOOL AND NOT LESS SO BY OUR PATRONS. Such an opportunity will never occur again unless we can seize this opportunity and prove our value to the world. It does not matter that we may not use the word Homœopathy during the campaign.

I have been able to do some good work with Homœopathy and show those working round me, including surgeons and nurses of the old school whilst at Antwerp and Furnes (Belgium), and I let all these old school surgeons know exactly what I used, explaining the reason for choice of the drugs employed, and I think that several of the surgeons were impressed with the results obtained, as I know the nurses were astonished. Mr. Souttar, our consulting surgeon at Furnes, and who is also a consulting surgeon at the London (old school) Hospital and ditto of the West London Hospital, owned publicly, that I knew more about drugs than all the others there, combined; but then they were all old school surgeons, pure and simple.

We Homœopaths have some colleagues at the front. Mr. Dudley Wright, a *surgeon* of the London Homœopathic Hospital, is working at Yvetot, France, but not as a Homœopath, as his is purely a surgical hospital, where he cannot have a show with Homœopathy, because he is surrounded by French old school surgeons. I admit he is doing very fine surgical work there, which is shown by a continued increase in the number of beds under his direction. He has, at Yvetot, as an assistant and colaborator, Dr. Hare, the bacteriologist of the L. H. H., but he is not a homœopathic physician. Hare being a bacteriologist and nothing else, so they cannot work with Homœopathy, that is, publicly, if they wished; as I said above, they are practically alone amongst allopathic surgeons, whereas we are all professed Homœopaths, and, therefore, our work must, perforce, be homœopathic to the core! REMEMBER THAT!

It was even suggested to Mr. Dudley Wright that they add to their place, a Medical Department, where Homœopathy could be used; in fact, we approached him, through Dr Burford, if we might establish ourselves at his hospital and take all the medical cases of the district into our hands, but he had to own then THAT NO HOMŒOPATHY WOULD BE TOLERATED THERE FOR A SECOND BY THE FRENCH SURGEONS; moreover an American lady, working for Yvetot Hospital, who is styled "Sister Beatrice," but whom I believe is well known in America as a public singing teacher under another name, which I forget, gets quite agitated at the mere mention of Homœopathy, and waives the subject airily somewhere to the rear with an impatient motion of her hands when the subject of Homœopathy is broached.

Not being able to obtain a footing at Yvetot we went further afield and appealed directly to the highest French authorities. From these we have our authorization, and they have examined the property we have obtained, and they have passed it as a "beau sis" (beautiful site), and no wonder, because the group of buildings (three), which will comprise our hospital, were erected specially for a fashionable private hospital (Maison de Regimes), but, alas, this war has left it without a single patient; hence our opportunity. Whilst we have obtained it for the term of the war, I have been able to arrange that we can terminate the lease at any time by giving one month's notice, which is a very valuable point.

This property, named the Villa Borghese, is already fitted with forty odd beds of magnificent quality, but, as the rooms in this hospital have only one bed per room, as one would expect to find in a high class private hospital we can easily place two and three beds in all the smaller rooms, whilst in the "Grand Salon" (drawing room) we shall place eight beds, and about seven beds in the larger dining room, which we shall not use for that purpose; thus you see we can more than

double or nearly treble the bed capacity, as per "war exigencies."

These buildings are all centrally heated, thirteen baths, a salle de hydrotherapie, a medico-electric room, with x-ray, high frequency and static apparatus, whist the grounds are extensive and park-like, with sufficient room to erect temporary hospital sheds should an epidemic make it necessary, whilst the grounds contain a large summer house, and a conservatory, which latter we shall use as a solarium. There is one detached building already fitted with baths and hospital plumbing, special kitchen, also centrally heated, which we shall use as an isolation ward for *enteric*, it being understood that we have had to get special permission to handle enteric cases, which was only possible because we are outside the city of Paris (we are nine minutes' walk from the underground railway facilities at Porte Maillot). The property also has a large garage for five or seven ambulances if needed.

From the brief description just given you will see that we shall not need to sink any money in installations, etc., as the existing arrangement, including the plumbing, leave nothing to be desired.

It is our intention to use one wing, as required, as a "Pavilion Speciale pour les Officiers," which ought to bring us in touch with the highest authorities.

I am inclosing a small pamphlet, used by the owner to describe the place to his clientele, and I expect to follow this letter in a post or two by our printed circular, which will give you more details of the property and of our scheme.

Now can you help us financially? Please give this letter the fullest publicity in your journals, for we feel that if the right persons are approached there are surely some in America who will help us in this crisis.

You all know what we can or ought to do with such acute cases as I have named. Our bronchitis cases ought to be back in the fighting line in four weeks, naturally with all their limbs intact, and therefore of full value. Whilst we can surely avoid many "valvular lesions" in all our cases of rheumatic fevers.

My special attention has been turned to all this medical work by seeing so many cases of "Malades" turned away from surgical hospitals whilst I was working at Antwerp, Malines, and at Furnes. I have seen twenty cases a day turned away from Furnes *because* they were not "punctured." Poor beggars! To these it was terribly hard to have to say "no entrance here," which is practically always the case in surgical hospitals. Surgical hospitals cannot be bothered with the "Malades;" they have all their work cut out handling the "Blesses" (wounded).

You know us all well enough to feel sure that any money help you send us will be well spent! (Most of us here are terribly hard hit in one way or another—personally, my income is less than one-quarter the usual, due to dividens being suspended during the wartime.) Though money is short over here we all feel that something *must be done* for the sick soldiers, so bravely facing death, that German Kultur and rapine may not prevail, and these "Malades" form as sure a crop as that caused by shrapnel, and as the winter progresses, with the necessary loss of stamina, the numbers of the sick will not be reduced, whilst with the hotter weather will come in more intestinal troubles, so there is work to do right along.

Do try to get us some help! Personally we do not mind roughing it, but we must have certain fixed comforts for the sick soldiers. We managed and never complained, in fact, we thought we were well off in Belgium if we had a continuous supply of brown army bread topped off with a little brown sugar and if we had some vile chicory-coffee to drink; with us, then as now, it is, lives and limbs to save.

It is not as if we asked for subscriptions with which to pay *salaries*. In the Belgian Field Hospital with which I have worked faithfully, since September 5th, not a surgeon or a nurse (and we have averaged 22 nurses right along) has had a dollar of money as salary, nor have we wanted any money personally, but we have had to watch men die for want of H_2O_2 (Peroxide of Hydrogen), which we had not money enough, at the time, to buy.

Our Belgian Field Hospital must have handled quite 2,000 of most seriously wounded men, besides many slight wounds we never kept count of in the rush of work.

Many of us never took our clothes off for days at a time, whilst for months we did not know whether we were going to be shelled out of bed, or merely shelled into the next world. Furnes, where we have been working since the middle of October, has been shelled, in all, about 17 days, at odd times, but up to date our hospital has not been hit. I tell you this tough experience to try to give your readers some slight idea that it is no picnic we are engaged on.

We venture to think that this is a UNIQUE OPPORTUNITY FOR OUR CAUSE! Having got the necessary authorization from the French War Office, what can you do for our school and the sick soldiers?

We are going to do for the sick soldiers all that our subscriptions will permit us to do, and history will write that—large or small.

Remember what I say that when a *sick soldier*, sick nigh unto death, cold as ice, generally *mud* from head to foot, wet through and probably almost famished, is taken to a surgical hospital, if he is not actually turned away he is put on one side until such time when there is no more surgical work to do. Generally they are turned away, and I have actual knowledge that such

have had to be cared for by civilians, even peasants, whilst the best they can expect in other districts is to be turned over to a "civil hospital," where, perhaps, the dear good nuns, not having had the requisite training, will feed every case alike, and in exact routine, highly deleterious to many cases.

Have pity on these men, and each do "his bit."

Au revoir, or, as the soldiers say, "Bon retour," being sure, when so speaking, that *many will never return.*

Sincerely and fraternally.

PROGRESSIVE PERNICIOUS ANÆMIA.

BY FRED. B. GROSVENOR, M. A., M. D., COLUMBUS, O.

IN the hurly burly of modern medical practice we demand of our patients at least one thing, and that is that they be sick. We will go and see them whether they pay or not; we will stand for their crankiness and the advice of their grandmothers, if they promise to be an interesting case, but we do demand of them that they be sick, that they show symptoms worth while, for if we are going to get our money we want to earn it, and if we are not, at least we want an interesting case for study.

So the man who has only to complain that he does not feel as well as he used to, does not seem to have the ambition necessary to carry on his vocational duties, appears to have a slight jaundice and some intestinal disturbance, we are inclined to dismiss with a little Nux vomica and advise him to be more careful in eating and exercising. We think no more of him until he appears again with the same complaints only a little worse, and is probably dismissed with the same medicine and advice. Dietetic indiscretion is our answer to his questions, also probably the cause of his diarrhœa.

But it is in just such a manner that that most insidious and fatal disease creeps upon its victim, securely and quietly fastening about him tentacles of disease which slowly close in on the unfortunate one until he begins to feel the force of the malady, and we wake up to realize that he is in the grip of death itself.

A disease ushered in by storm and stress is a beautiful thing to fight, and so often we come out victorious, but who has a chance with an enemy who slips upon us unaware while we, all unsuspecting, see him approach, but do not know him. Under the mask of a few trifling symptoms he gets in his work. When he really does show his fangs we are all unprepared for the struggle, and there begins a wild tumult of diagnosis until out of the melee some one recognizes the monster and pronounces the doom of the victim.

The prevalence of true pernicious progressive anæmia, as Cabot so naively puts it, depends a good deal on the keenness of the practioners of that vicinity. Many cases gradually slide into their graves before our very eyes, and we calmly sign their death certificates—cancer, secondary anæmia and what not.

We have all learned the cardinal symptoms of the disease by heart; lemon, yellow tint, flabbiness rather than emaciation, weakness, palpitation, etc., but unfortunately the disease does not always care to manifest itself along purely classical lines, and the blood picture will show us that we are dealing with this malady in its true form when one or more of the cardinal symptoms are lacking. Take, for instance, characteristic color. I have in the last few years seen three cases of the disease as verified by the hemic picture in which the patient showed only the waxy or pale color of ordinary anæmia. Again, I have diagnosed the case in a patient who showed remarkable ability for ordinary house work until the last stages when collapse was complete.

The similarity between some cases of pernicious anæmia and gastric cancer is remarkable; in fact, they are often indistinguishable except by blood examination. A doctor recently took me to see a case of leukæmia, which turned out to be a case of pernicious anæmia. Still more recently a doctor sent a supposed pernicious case to me which turned out to be the most beautiful case of myelogenous leukæmia that I have ever seen.

This disease, like the term rheumatism, undoubtedly covers a multitude of sins; of course, any patient who dies showing a marked anæmia may be considered as having had a pernicious anæmia, but let us remember that true pernicious anæmia is a primary and not a secondary affair, no disease that we know of proceeds or accompanies it. The vicious and quickly fatal anæmias of the early puerperium, of acute yellow atrophy of the liver, of any other profound toxæmia, is not progressive pernicious anæmia, it is merely a toxæmia. The same may be said for the vicious anæmias of intestinal parasites, of multiple hæmorrhages, of fulminating syphilis, of atrophy of intestinal mucosa, of lead poisoning, of post-typhoid anæmia.

The true, the so-called idiopathic anæmia, shows us nothing at post-mortem to which we can point as the causal factor. The secondary anæmias, no matter how profound, have an entirely different blood picture. The pure toxæmias show merely the dissolving action of the poison on the hemoglobin of the red blood cells, and we have left merely shadows of the red blood cells, all cells hemolized alike. In the secondary anæmia the slow acting toxins have affected each and every cell, and each and every cell shows the effects of the toxins by its loss of hemoglobin, by the increase of the clear hemoglobin free area in the center; also the white cells of the body respond to the call and are found

markedly increased in numbers as is demanded to fight the primary cancer, or gumma, or what not in the body tissues. But in true progressive pernicious anæmia the toxin former is not in the tissue apparently, the white cells have not been called out in increased numbers to fight the invaders, the red cells are not all dissolved, they are not all killed, they are not affected all alike. As on a field of battle we find the dead and the dying, but also the live soldier still valiantly fighting, so here we find the red smears of the dead cells, the mangled and misformed bodies of the dying, but making the last stand against the enemy; we see the bright red cells, large and red as ever, showing the effects of the fight only in one way, and that is often by an increase in size, for they are doing their own work as well as that of their fallen companions. Again, we see that reinforcements have been rushed up, raw, unfinished, unseasoned cells that as yet have not even cast off their nucleus. Rushed into the fight before fully ready for service the normoblast does not make a proficient warrior, but he at least shows the grim intention of nature not to give up the fight but to resist to the last trench. Occasionally we see a mere boy, not in size, however, for he is four times or more as big as the grown up, but in age, for the megaloblast is the youngest, the most immature of all the red cells, and on no other occasion is he sent out from his snug home in the bone marrow to the field of action.

Now in these cases take warning; if the reinforcements fail to appear, if minute search fails to reveal the presence of the normoblast and megaloblast, while the army of fighting red cells has been reduced to one or one and a half million, the end is near, for nature is not longer sending reinforcements.

I have several times been called to see genuine cases of pernicious anæmia by doctors where I could find no nucleated red cells with as low a count as one million. Such slides from dying cases are of little value for teaching purposes, although the actual counting is interesting to the student. In such cases I have prophesied death in from two weeks to a month, and so far my predictions have always come true. How do you know, I have been asked by these doctors, that this is really a genuine case of pernicious anæmia when you cannot find those cells so characteristic of the disease. The answer is that it is too late for such cells, the time of resistance has passed, the enemy now has a clear field. The very low count, the comparatively high color index or the amount of hemoglobin carried by each uninjured cell, the mixture of mutilated and whole cells is just as characteristic, but is charatceristic of the last stage.

As cholera among a flock of chickens will kill many but leave the uninfected as lively as ever, as the black plague will pass over a city mowing down thousands before it, everyone that it touches perishing, yet those that it does not reach taking up the burdens of the municipality, just so the disease sweeps through the roulex of the red blood cells, killing where it strikes, sparing where it will.

To one accustomed to studying blood slides day after day, to one accustomed to the manifestation of infectious diseases, there is but one answer, an infection. Careful history taking does not show that there is much danger of one associating with the victim becoming himself diseased, neither do we find much danger in pneumonia or even as much as we might expect in that dread malady, cerebro-spinal meningitis.

Long have bacteriologists searched the blood of the pernicious anæmia victim for some organism. So have they searched for that of measles and of small-pox. Repeated injections have been made into animals but with no results. Laboratory animals are immune to scarlet fever and to syphilis, possibly to many other organisms affecting man. The microscope fails to show anything, so does it fail in yellow fever or in pleuropneumonia of horses, where the organisms can be grown so thick in broth that they render it cloudy, yet can not be seen individually. The writer has witnessed a series of experiments in malignant jaundice of dogs which is a disease of a very similar nature to pernicious anæmia in its manifestations. By means of a series of flea proof cages it was demonstrated that the disease was passed from dog to dog by the fleas which remained behind in the cage when the dead dog was taken out. After many dogs had gone through this fatal anæmia, there was finally demonstrated in their blood a tiny organism, similar to the malarial parasite, but much smaller and less distinct; this was the Poroplasmic caninis, the cause of the pernicious anæmia of dogs.

There are two clinical aspects of this disease, one the violent and fulminating resulting in death in a few weeks, known as the aplastic type, in which there is very little bodily resistance to the infection, where few normoblasts are found on the slide. The other the long drawn out cases. I remember one man of 50 who slept from breakfast time to dinner time, after dinner took a snooze until supper time, occasionally smoked his pipe a little while after supper if he was not too sleepy and, as darkness approached, retired for a good night's rest. Until the last he always had a smile and a cheerful word even when he was too weak to get out of bed; experienced no pain and gradually slept off into the last sleep. I have seen true cases of the disease at the age of sixteen and at the age of sixty. The lowest count that I ever obtained was 150,000 red cells, so low that I hardly can believe it myself; the case died the next day. The lowest record that I can find is 143,000.

As to the treatment, what can I say? What

can you say? Unfortunately, the writer has seen most of these cases in consultation with other doctors who had charge of the case. Arsenic is the standard treatment. Standard treatments are often safe for the doctor, good things to hide behind, but of little value to the patient. Recessions and relapses are common in this disease, so we are not sure whether it is the medicine that is making them feel better or not; eventually they die.

Iron, Cinchona, Calcarea carbonica have little effect on such cases. The hemitinic mechanism of the body is already working over-time, it needs no stimulation. Plumbum and Picric acid are more nearly indicated than Arsenicum, and I prefer to use them. This disease always makes me think of the snake poison, although the venous congestion and many of their prominent symptoms are lacking. If this disease is an infection, why should it not be treated as an infection? I have seen numerous cases die under Arsenic; they could do no worse under our antizymotic remedies.

January, 1915.

EVIDENCE OF THE VALUE OF CIRCUMCISION.

BY J. A. BURNETT, M. D., HARTSHORNE, OKLA.

DR. GREER (a) says: "I have cured many cases of convulsions in children by circumcision."

Again Greer says: "Delancy, an American army surgeon, has observed twelve soldiers with well marked phimosis, who were affected with atrophy of the penis and testicles. Operations for its relief were followed by marked increase in size. From my own observation I know that phimosis is responsible for many conditions of mind and body that are supposed to be due to other causes. In any event removal of the foreskin is one of the things the surgeon owes to his patient. It is never followed by bad results, and always does good."

Dr. J. C. McCandless (a) says: "I think all male children should be circumcised."

Dr. Mansfield (a) said: "I had charge of an infirmary in the Children's Home for about eighteen years and looked after a good many children in that time, and found a good many that I had to circumcise, and found that those children never developed mentally and were physically defective until after that was done, and I have no recollection of a case that did not improve at once following the operation. But what I was going to relate was a case of a young man, 28 or 30 years of age—an imbecile. He could hardly talk intelligently, and a neighbor's boy struck him about the base of the brain and fractured the skull. In my careful examination I found that I could scarcely introduce the smallest probe, and in the examination was a mere rudiment of sulci, and it is my firm conviction that this condition had hindered the young man's development."

In speaking of the reflex troubles arising from a contracted prepuce, Dr. J. W. Means (b) says: "The reflex troubles arising from this lesion alone are legion, and the crowded almshouses and asylums are testimonials to this fact."

In making a plea for circumcision with special reference to the short frenum Dr. Abbott (c) says: "Some will criticise my position, but it is not given to the writer why. An experience of twenty years in hundreds of cases, without one bad result, with marvelous success is enough to satisfy, life being too short to argue with prejudice."

In an article on "Circumcision," by J. B. Standlee, *Chicago Medical Times,* Oct., 1907, he says: "This is an important operation overlooked by many physicians, and is one that brings relief to many ills."

In an article, "Reflex Troubles Due to an Adherent Prepuce," by Dr. C. H. Newth, *Medical Era,* Aug., 1907, he says: This matter is not noticed in the text books as it should be."

Dr. E. B. La Fevre (d) says: "Article after article has been written in the exemplification, and case after case has been reported illustrative of the dire results so easily to follow upon an adherent hood with the glans clitoris. The organ being so truly analogous to the male prepuce and the male glans penis it would be nothing short of marvelous were they to give origin to anything but like pathological train in the two sexes."

Ashton's book, "A Text Book on the Practice of Gynæcology," third edition, 1907, gives more information on female circumcision than any other work I know of. He gives illustrations of each of the four steps of the operation. Ashton says: "Some authorities advise that all female children should be examined when they are two or three months old and the clitoris liberated if found to be adherent. While this may or may not be good practice, there can be no doubt of the necessity for such an examination whenever local or reflex symptoms manifest themselves. A neglect of this precaution will often lead to error in diagnosis and want of successful treatment." Again, in regard to adherent prepuce, Dr. Ashton says: "Adhesions between the hood and the glans are not infrequently met, and they are very apt to produce reflex symptoms similar to those in the male." In regard to treatment, he says: "The treatment consists in breaking up the adhesions and keeping the surfaces apart until healing takes place."

I agree with Dr. Morris (e) when he says: "There are so many sufferers from preputial adhesions among girls that this subject must have very much more attention in the future than it has had in the past."

After the reader has read all the foregoing

quotations he can form his own opinion as to whether they are evidences of the value of circumcision or not; I consider them good evidence.

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CEREBRAL HÆMORRHAGE.*

C. F. JUNKERMAN, M. D., COLUMBUS, OHIO.

DEFINITION.—An extravasation of blood within the cranial cavity, due to the rupture of a cerebral vessel.

Varieties.—Those into the meninges and into the substance of the brain.

Etiology.—The causes of cerebral hæmorrhages may be divided into (a) Predisposing hereditary or acquired psora, plus sycosis or syphilis, and vaccination. (b) The immediate or exciting sudden exertion, dependent position of the head, some sudden excitement, strong emotions, over-eating or drinking, cold bathing, etc.

Morbid Anatomy.—(1) Degenerative arteritis, (2) aretheroma, (3) blood clot, (4) formation of coagula, (5) softening of the coagula, in from seven to nine days; (6) cyst of transparent fluid, in from twenty to thirty days; (7) contraction of the cyst-walls, in from thirty-five to forty days; (8) bands of connective tissue are thrown across the cyst; (9) contraction of these bands, drawing the cyst-walls into apposition; (10) adhesion of the cyst-walls, leaving only a cicatrix. In some cases the pressure from the clot may cause softening of the brain tissue.

Symptoms.—The attack may or may not be preceded by such prodromal symptoms, as dull, ill-defined headache, dizziness, insomnia, more or less impairment of the intellectual faculties, flushing or pallor of the face, epistaxis, ringing in the ears, irritable temper, vomiting, muscular tremor, etc. The attack comes as sudden as a stroke of lightning. It is modified by (a) the amount of blood escaping, (b) the damage it causes to the brain cells or fibers, and (c) the location of the lesion.

Sudden dizziness, or coma, loss of consciousness, falling, flushed face, hard and slow pulse, breathing labored, and, finally, stertorous, eyes fixed, pupils first contracted and finally widely dilated, skin bathed in perspiration, hemiplegia, limbs relaxed, urine and feces may be retained or passed involuntary. Gradually the more violent symptoms disappear, leaving one side paralyzed. In two or three days the temperature rises and there is an initial rigidity of the paralyzed limbs, the upper limb being more affected than the lower.

The arm is flexed at the elbow, the flexors of the wrist are contractured, flexing the wrist, or the extensors may contract, extending the wrist and first phalanges, while the second and third phalanges are flexed. The arm is usually drawn close to the side, or in some cases the pectoralis major draws it across the chest. The knee is more or less flexed when the leg is at all involved in the contracture. The foot may be flexed or extended. More usually the latter.

Differential Diagnosis.—Cerebral embolism, most frequent in females, youths and young adults, most frequent on right side, pupils not affected, loss of consciousness not prolonged or complete, as a rule.

Cerebral tumors are more gradual in progress; there is choked disk and some cranial nerve paralysis, vomiting, persistent and increasing pain in the head. Uræmic coma is accompanied by tube-casts and albumin in the urine. But we must not forget that some authors give this disease as a cause of cerebral hæmorrhage, and both may be present at the same time. The pupils are not irregular in uræmia.

Alcoholism, also an exciting cause of cerebral hæmorrhage, may exist at the same time with it. The smell of alcohol, the absence of paralysis, etc., will aid in the diagnosis. If still in doubt, wait a few hours, until the effects of alcohol can pass off.

Epilepsy has no paralysis, is periodical; there is frothing at the mouth, which often is bloody from biting the tongue, which will likely show scars from former attacks.

Hysteria may be diagnosed by the absence of any regularity in the type of the symptoms or changes in the pupils or pulse rate.

Prognosis.—Always grave; the patient may die in the first attack, or, if not, in the second, and very few live beyond the third. Recurrence is the rule, owing to the frequency of diseased blood vessels.

Treatment, General.—Since the trophic centers are so frequently involved, we must be prepared for bed-sores. See that the bladder and rectum are emptied regularly, especially the former, since cystitis will very soon result if the urine is left in the bladder. Keep the head high and cool and the feet warm. Never use electricity in any form about the head until all danger of inflammation is past, and not then unless well acquainted with its actions. The patient should

*Read before the Southeastern Ohio Homœopathic Medical Society, Columbus, Ohio, Jan. 28, 1915.

have no food for twelve hours or more after the attack, then milk and eggs in small quantities and at about three hour intervals; liquid food is the best for several days, and should be given very slowly to prevent strangling. Thick broths, long boiled graham oatmeal or barley with cream. Never give any kind of stimulants.

Remedies.—Aconite: when there is full bounding pulse, fear, anxiety, plethoric subjects, to lower the action of the heart, burning in the head, dry, hot skin.

Arnica: When resulting from mechanical injury, head hot, remainder of body cool, involuntary discharges of urine and feces.

Belladonna: Red face, throbbing of the carotids, coma, dilated pupils, etc.

Veratrum vir.: If the temperature mounts very high, and there is extreme activity of the heart.

Opium: Contracted pupils, stertorous breathing, coma or hyperæsthesia of all the senses.

The above are a few of the most frequently indicated remedies during or soon after the attack, but any remedy may be indicated.

After the attack you should consider Causticum, Gelsemium, and Kali phos., or any other remedy that the totality of the symptoms may call for in each individual patient.

Eleven cases of cerebral hæmorrhage have come under my personal care and observation, six females and five males; all were between sixty-five and seventy-five years of age. In all the left side of the body was involved. Four of the women died in from one to four days after the attack, each having complication of Bright's disease. One was said to have had her fourth attack at the time of my first call, December 18, 1912. The treatment consisted of the following remedies given as indicated: 1st. Aconite; 2d. Arnica; 3d, Antimonium tart.; 4th, Gelsemium, and 5th, Kali phos., and by the latter part of March, 1913, she claimed to be feeling as well as ever and so remained until December 8th, 1914, at 10:30 A. M., when she was suddenly taken with what her people claimed to be her fifth stroke. On my arrival, at 11 A. M., she was unable to speak, her left side was paralyzed, her tongue drawn to the right side. She became conscious and on the third day her pulse was very rapid and irregular, respiration 48, temperature 104; on the sixth day her temperature, pulse and respiration became normal, pulse very regular and she gave evidence of improvement for three days, when there was a marked aggravation of all symptoms, the right side being involved and she died at 4:30 A. M., Sunday, December 20, 1914.

The other woman had an attack January 24th, 1912, and made a complete recovery, having been given the following remedies during and following the attack as per indications: 1st, Aconite, then Arnica, Gelsemium and Kali phos., the treatment continued over four months. She is at present enjoying good health.

Four of the five men died within twenty-four hours to two weeks after attack. All had a history of alcoholism. The other one who was about six months in recovering from his stroke, which occurred eight years ago, has enjoyed good health since his recovery.

THE EYE AS AN AID IN DIAGNOSIS.

BY W. J. HULTENSCHMIDT, ASSISTANT OPHTHALMOLOGIST, COLLEGE OF HOMŒOPATHIC MEDICINE, OHIO STATE UNIVERSITY.

THERE are various constitutional diseases which affect the fundus of the eye and a knowledge of the appearance of the fundus in such diseases as arterio-sclerosis and nephritis is a valuable aid to the diagnostician, while the appearance of the optic disc should not be overlooked in brain tumors.

The general practitioner is rather prone to overlook this valuable aid in diagnosis, perhaps considering it too difficult. This can be readily overcome by purchasing a modern work on diseases of the eye, one with good colored plates, and by studying the plates and making an ophthalmoscopic examination of as many patients as possible until the appearance of a normal and a diseased fundus can be recognized.

In general arterio-sclerosis an early diagnosis can frequently be made, especially that of the brain and kidneys, from the appearance of the blood vessels of the retina.

In arterio-sclerosis or in high blood tension, the small twigs or branches of larger blood vessels of the retina take on a tortuous or corkscrew course, even though the larger vessels may appear normal. It will also be noticed that the veins when crossed by the arteries are flattened, and later on become indented, and saculations appear in that portion of the vein distal to the point where it is crossed by the artery. The arteries also become lighter in color and take on a silver wire appearance. In other cases the optic disc may appear dull red due to congestion or there may be actual œdema of the disc. In the latter stages of this condition white streaks may be seen along both arteries and veins, and there may also be hæmorrhage due to the rupture of the blood vessels. These hæmorrhages will be noticed as small red spots appearing along the course of the blood vessels.

In nephritis, especially the chronic form, the changes in the retina may be the first indication as to the nature of the disease.

In addition to the appearance of the blood vessels of the retina, as given above under arterio-sclerosis, in nephritis there will be found other characteristic changes. A haziness of the retina will be noticed, in which it appears as

though viewed through a mist or veil; the outlines of the optic disc do not show up distinctly, and the most characteristic sign will be the white patches seen in the fundus. These white patches will be found in two places, one around the optic disc and the other in the macula.

The white patches referred to may be rather large around the disc and may be so numerous as to form a mottled zone around the nerve head which may be incomplete opposite the macula. These patches in the macula give it a stippled appearance, and are usually radially distributed so that a radiating crown is formed which may or may not be complete on all sides. The patient has a gradual loss of vision associated with these changes in the fundus.

In the diagnosis of tumors of the brain the appearance of the optic disc is of great importance and value. Neuritis, usually in the form of choked disc, is a very frequent occurrence. According to some authorities it is only wanting in 10 per cent., and according to others 20 per cent. to 30 per cent. of cerebral tumors. Oftentimes cerebral tumors will produce no other positive symptom. Headache may be the patient's only complaint, and an examination of the fundus of the eye with the ophthalmoscope is of great importance, as there may be no disturbance of vision from the changes taking place in the nerve head.

The size of the tumor does not have any relation to the extent of the lesion in the eye, but this does not hold in relation to the location of the tumor. Tumors of the cerebellum are the ones most often causing choked disc.

Normally the optic disc is reddish in color; its edges can be distinctly seen, and the blood vessels can be readily made out coursing over the disc and retina.

In choked disc there is an increase in redness of the disc with a blurring of the upper and lower edges which progresses along the nasal edge, while the temporal edge may not be affected. There will be noticed an œdema of the nerve head with a gradual filling in of the physiological pit and a tendency for the œdema to spread to the surrounding retina. Later the œdema is decidedly increased, and there is a greater elevation and increase in size of the nerve head, and also a marked distention of the retinal veins with hæmorrhage into the retina. From this stage the nerve head becomes paler in color and shows a decrease in œdema with the increased pallor, the edges of the disc becoming gradually clearer until finally the nerve head takes on a pale, atrophic appearance.

From the few hints given above as to the appearance of the retina and optic nerve in the diseases mentioned, it can be seen that with a reasonable amount of experience the physician may call to his assistance a valuable aid in the making of a scientific diagnosis.

ACNE.

BY C. B. STOUFFER, M. D., ANN ARBOR, MICH.

Homœopathic Staff Physician of the University of Michigan Health Service Staff.

SO many students, ranging in ages from 16 to 25 years, come into the office of the University of Michigan Health Service and say, "Doctor, my blood is out of order," or "Doctor, my blood is bad." These students are suffering with a condition of acne, either of the vulgaris or indurata type, and the blood is not out of order.

These patients present a condition of skin affection, confined to the face, or the chest and back or sometimes the face, chest and back. The skin is hyperæmic with here and there a pustule or a papule which is hard, round and shotty to the feel. These pustules will be broken open by the individual either with a sharp instrument, finger nails or with the use of the wash cloth or a sponge. From this pus infection is carried to another part of the face or body,and the germ found therein begins work; within a short time a new papule or pustule develops. This condition continues to spread until the face or chest is covered with a blotch of pimples. On account of the diffuseness of the condition, the patient charges the blood with being "out of order."

TREATMENT.

The patient is put on his guard as to his diet. He is advised not to use coffee, fried eggs, fried potatoes, pies, gravies, sparingly of candy, pancakes. He is further advised to take outdoor exercise and drink plenty of water. He is to abolish the wash cloth and sponge and use coca, castile soap and hot water, the hands taking the place of the wash cloth. This eliminates the danger of breaking down these pustules and spreading the infective agent to other parts of the body. The face is to be buffed, like barbers dry the face after shaving, and not to be rubbed dry.

At intervals of every four or five days the patient presents himself at the office for treatment by the doctor, which consists of opening these pustules or "blind pimples" with the stilette end of a comedone extractor. About fifteen of twenty "pimples" are opened and caseous material extracted. The operator can tell by running his finger over the face whether the red spot is shotty or not, or whether there is a buried pimple in the skin. The stilette is firmly placed in the center of the pimple and plunged in with firmness. Small pieces of cotton are placed over the recent opening to prevent much hæmorrhage. After the desired number has been opened, the face is then heated with towels wrung in hot water, for about five minutes, similar to the way barbers treat the recently shaven face. This reduces the inflammation and causes

arrest of the capillary hæmorrhage. The face is now washed with 95 per cent. alcohol. The patient is then advised to apply an ointment to the face, morning and evening, rubbing it in well. The ointment was given by Dr. Udo J. Wile, professor of dermatology and syphiology of the University of Michigan, and is as follows:

Sulphur precipitate, ℥i—drachms 1.

Kaolin, ℥i—drachms 1.

Unguent zinc oxide, ℥iss—ounces 1½.

In addition to the above, Berberis aquafolia, 3x; Sulphur, 30x; Kali muriaticum, 3x, or any other remedy that might be indicated is administered internally.

Autogenous vaccines are not given. Many patients who have had the vaccine treatment derived little benefit, and have taken the treatment as outlined above with excellent results.

The ointment when applied too thick dries and leaves a yellowish, flaky precipitate on the skin. This is readily removed by using absolute alcohol on the skin.

WANTED—A DIAGNOSIS.

THE following is a case presented by the writer for a diagnosis:

A boy, five years of age, the youngest in a healthy family of six, always in good health until three weeks before present illness he had a mild case of mumps, affecting both parotids. He recovered from this and a week later was taken with a chill, fever, vomiting and a cramping pain in abdomen. Was placed under allopathic treatment one week for malaria and worms. Kept getting worse and came under the writer's care.

Upon examination the entire abdomen was found tense and extremely sensitive to any sort of palpation. He was vomiting all water, nourishment and medicine and every five or ten minutes was crying out with pain in his abdomen and small of back. His bowels were moving of own accord, two and three times a day; stools of small amount, of thick liquid character and brown color. His urine was normal in amount and analysis. His temperature was normal in the morning, but would run from 101 to 102 in the afternoon and he generally felt worse after midnight and noon. He showed great emaciation with sunken cheeks, hollow eyes surrounded by dark circles.

Except when these spasmodic abdominal pains would strike him, he would remain quiet and often fall asleep. At other times, he was cross and peevish, and when pains would come on would double up, be very restless, get out of bed and lie doubled up over his knees with head resting on floor. He never complained of any other pain save that in the abdomen around the umbilicus and lumbar region of back. The pain seemed to start in the umbilical region and pass around each side along transverse colon to lumbar region of back and would last several minutes. There were no sensitive spots anywhere in the back.

The boy's tongue was clear, but dry, and he was thirsty for water, little and often. The vomitus was either clear mucus and water or of a green, so-called bilious character.

Under the homœopathic remedies the vomiting ceased the second day and fever left him, but the pain continued several days longer, when it gradually ceased and he was eating soft diet. It was only a few days, however, before the abdominal pain returned as before.

Palpation was possible this time and revealed a somewhat sensitive abdomen, especially so over McBurney's point. There was no temperature and only occasional vomiting. A remedy was given and all food withheld twenty-four hours. The following day the same pains continued at intervals of five and ten minutes as before, but between pains abdominal palpation revealed no hardness or sensitiveness anywhere, though during pain he would not be touched and was very restless. The pains continued several days and gradually left.

A few days later, however, just as he was beginning to be up and around, for the third time, the pains all returned, only this time not nearly so severe or often. Another remedy was prescribed and in two days all pain vanished and did not again return. Five days later, as he was beginning to be up and about, an edematous swelling of face and ankles appeared. He was extremely weak and anemic. Examination of heart showed all sounds accentuated. The urine was normal in analysis and amount. His appetite was excellent and in a few days the edema of face left and the swelling of ankles gradually disappeared and he returned slowly to normal health.

Now, please, if you can, tell me what was the matter with him? Of course, a description of a case is not like seeing the patient first hand, but I think we often, as Homœopaths, run across obscure cases and fail to make a positive diagnosis. Many times we cure before a diagnosis can be made. This can hardly be said of the case presented, however, as it was of several weeks' duration.

DR. BERTRAM JOHNSON

Avant, Okla.

Ipecac.

In the treatment of post-partum hæmorrhage Ipecac will never fail if presented upon the following indications: The patient breathes rapidly, has a panting respiration, and the breathing is similar to that seen in a person who has exhausted himself after severe physical exercise, as a long run.

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THE TALKING OF MONEY.

DR. HENRY S. PRITCHETT, President of the Carnegie Foundation, gave an address before the Association of American Medical Colleges, at its recent meeting in Chicago, on the subject of grading of Medical Colleges, which was to have been discussed by the President of the American Medical Association; just as a paper by the latter was discussed the day previous by Dr. Pritchett. This probably may not mean anything more than that the Carnegie Foundation and the American Medical Association are united in their desires to control all Education, more especially medical.

It would appear that the Carnegie Foundation, possessing more money than the A. M. A., is entitled to talk louder and to fear less opposition. Dr. Pritchett, as the mouthpiece of the Foundation, even assumed, in a collection of beautiful sentences containing some substance, the right to criticise the grading of Medical Schools by the Council of the American Medical Association. He would not use floor space nor examining board ratings nor the charts as criteria of a medical school's right to live. He would have practically but a single criterion: MONEY.

Of course, Dr. Pritchett did not exactly say money was the only criterion, but it was evident that this ran all through his address. He claimed that some superhuman knowledge enabled some people to go through an institution in fifteen minutes and place it properly. We can only recall two who have thus far given evidence of the assumption of this knowledge, namely, Mr. Abraham Flexner and Dr. N. P. Colwell.

Dr. Pritchett would cut the ten points of the Council on Education down to five, and from the standpoint of money first, and common sense afterwards it would seem to be a wise reduction on the theory that ten points are twice as bad as five. His divisions are the following:

1. Quality of the material accepted and the Preparation of this material should be fair to the School system and soundly administered.
   Of course, only the rich need apply.
2. Quality of the teachers. He would place teachers before curriculum. With sufficient teachers any curriculum could be followed, provided there was sufficient money to pay them. Again money.
3. Completeness of laboratories.
   (Encore, money.)
4. Modern clinical facilities.
   Once again, money, for one cannot have MODERN clinical facilities at any old place where sickness is found, in dispensaries or at the bedsides of the poor. No, indeed, the facilities must be modern. Carnegie Foundations, Rockefeller Institutes, etc.
5. Financial status, or money.

Is it to be wondered at that this arrogant assumption of the Carnegie Foundation to control, not only medical, but all educational matters is beginning to be looked upon as a danger to the Educational System of America?

Has the Carnegie Foundation ever put forth a constructive idea since its establishment? Has not its entire work been destructive always? It seems to us to be that the sooner we can bring these facts before the people, the sooner we can rid ourselves of this militarism of money, the better for our Educational System throughout the land.

Many old literary colleges, of sterling worth, have been hampered and injured by the preachments of the Carnegie Foundation. Many medical schools whose existence has been of far greater value to the people of the land than the entire outfit of the Carnegie Foundation, from the Laird of Skibo down, have been forced to close their doors because of unjust and untrue criticism of some of the hirelings of the order of St. Andrew. It is time that American Educa-

tion arises to the dangers that the domination of private foundations are already entailing upon it.

Especially should theological schools, medical schools, law schools, dental schools, engineering schools, etc., cry distinctly, "Hands off." "De quoi Je me mêle!"

COLLEGE ALLIANCE MEETING.

THE meetings of the College Alliance, in Chicago, on February 17th, were all successful and the program well carried out. Interesting papers were read and discussed and the evening banquet was an enjoyable feature and well attended.

The officers for the ensuing year were elected, the result being the following:

Dr. R. S. Copeland, New York, President.

Dr. J. P. Cobb, Chicago, First Vice-President.

Dr. J. T. Tuller, Philadelphia, Second Vice-President.

Dr. C. A. Burrett, Columbus, O., Secretary and Treasurer.

Entrance requirements, as a topic of discussion, received considerable attention.

The following were in attendance at either meetings of the College Alliance or meetings of the Federation of Examining Boards:

Drs. H. E. Beebe, F. B. Grosvenor, C. A. Burrett, Junkerman, L. E. Siemon, T. A. McCann, of Ohio: H. M. Beebe, G. I. Naylor, W. A. Dewey, G. L. LeFevre, of Michigan; Geo. Royal, of Iowa: R. S. Copeland, R. A. Stewart, Cornelia S. Brant, of New York; J. T. Tuller and W. A. Stewart, of Pennsylvania; D. A. Strickler, of Colorado; W. D. Foster, of Missouri, and H. C. Aldrich, of Minnesota.

There were many of the faithful of Chicago present, yet it would seem as if more should have put in an appearance at the Alliance meeting and banquet. Of course, Cobb, Tenney, Hobson, Fitzpatrick, Wilson, Fellows, Gordon, Bruce and Ford were there.

DR. EDWARD HARPER.

THE sudden death of Dr. Edward Harper, of New Orleans, removes, perhaps, the most prominent homœopathic physician of the Southland. Dr. Harper died on February 9th, as a result of an operation. He was 51 years old and born in Ohio and studied under Dr. W. L. McCreary, of Knoxville, Tenn. He removed to New Orleans fifteen years ago, where he has ever been prominent in City, State and National Homœopathic Medical Councils. He was a fine physician, a charming gentleman and energetic worker. He leaves a widow and will be mourned by a host of friends.

PHARMACODYNAMICS AND THERAPEUTICS

BY ALBERT EUCLID HINSDALE, M. D., COLUMBUS, OHIO.

Pilocarpine.

One method of treatment of alopecia consists in injecting Pilocarpine hypodermically in that region of the scalp which has lost its natural growth of hair. Good results have been reported from this treatment. It should be remembered in this connection that Graphites cures bald spots occurring on the sides of the head.

Iodides.

There is increased fluidity of mucus in the nose, throat, and bronchi. This is considered by Henderson and Taylor to be a reflex effect. In tuberculosis, Iodides are believed to be harmful, because of their tendency to interfere with connective tissue formation and to soften the tubercles; for this promotes the spread of the disease. In cases of doubtful physical signs of tuberculosis, it is a common custom to administer Iodides "to bring out the rales." But the author's clinical experience coincides with that of others in finding this a dangerous practice, and the experiments of Sorel (1909) give additional proof that tuberculosis is a contraindication to Iodine. Sorel infected guinea pigs with the tubercle bacillus, then administered Potassium iodide to a number of them. The Iodide pigs died of tuberculosis some weeks earlier on the average than those which did not get the Iodine. It has been reported also that weak doses of Iodide in the tuberculous will give a reaction similar to that of fair doses of Tuberculin, a reaction which may help to establish a diagnosis, but is not without danger Iodide is said also to give a reaction in lepers.—*Bastedo.*

Caulophyllum.

Much is heard nowadays about the "twilight sleep." Conservative physicians are not recommending the treatment as much as formerly and like the "salvarsan craze" it has not accomplished that which its original promulgators claim. There is no question but what Caulophyllum, if prescribed during the last months of pregnancy, will assist nature in bringing forth a child in the least possible painful manner and this, too, without any danger to either mother or child. To be sure, like all homœopathic medi-

cation, there is nothing spectacular about the procedure, and the use of this drug in this connection will probably never be placed in large type in the headlines of the daily papers or become subjects for articles in the popular magazines. Caulophyllum may truly be called the "Homœopathic twilight sleep."—*A. E. Hinsdale.*

Potassium Iodide.

It used to be claimed that this agent was the antidote to be used in the treatment of chronic lead poisoning, because of its supposed power to expel lead from the body. Recent animal experimentation, however, has shown that Potassium iodide exerts no such power and that any benefit which may come from the use of Potassium iodide in this condition is due to its lowering the blood pressure, which has been raised to an unduly high point by the lead. For lead colic, Opium 12x is practically a specific.

BOOK REVIEWS.

Urinary Analysis and Diagnosis by Microscopical and Chemical Examination. By Louis Heitzmann, M. D., New York. Third Revised and Enlarged Edition. With One Hundred and Thirty-One Illustrations, Mostly Original. New York. William Wood & Company. 1915.

This book of Dr. Heitzmann's, who is well known as the Professor of Pathology in the New York Homœopathic Medical College, is now in its third edition. It is a revised and enlarged edition, made necessary by advancement in the subject. The addition of new tests and especially the forward movement of microscopical diagnosis are of the greatest practical value, and thus the book represents the latest words on urinary analysis and diagnosis. The book is beautifully printed, bound, illustrated and published by William Wood & Company, which is a sufficient guarantee of an extensive sale and wide range of usefulness.

Diagnostic and Therapeutic Technic. A Manual of Practical Procedures Employed in Diagnosis and Treatment. By Albert S. Morrow, M. D., Clinical Professor of Surgery, New York Polyclinic. Second Edition, Thoroughly Revised. Octavo of 834 Pages, with 869 Illustrations. Philadelphia and London. 1915. Cloth, $5.00, net. Half Morocco, $6.50, net.

Perhaps no work has been more appreciated by the profession than Dr. Morrow's book on Diagnostic and Therapeutic Technic. The second edition of which has just appeared is one of the first books of 1915. It is only a short time since the first addition has been published and yet many advances have been made in diagnosis and methods of treatment, as shown in the edition of much new material. The volume, as presented, is certainly up to date, thoroughly practical, original and above all things useful. Very much can be learned through the excellent illustrations found in the volume, which numbers 860 pages. Nearly every method and procedure is illustrated by excellent cuts. It is a work that should find a place in all schools of medicine and one that we can certainly recommend to our profession and our students.

A Text-Book of Diseases of the Nose and Throat. By D. Braden Kyle, A. M., M. D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia. Fifth Edition. Thoroughly Revised and Enlarged. Octavo of 856 Pages, with 272 Illustrations, 2 of them in Colors. Philadelphia and London. W. B. Saunders Company. 1914. Cloth, $4.50, net.

This work is now in its fifth edition, but it has been so changed through revision and addition of new articles that it is hardly recognizable. Many new illustrations have been added and many of the older ones replaced. As it stands, in its present form, it is the most complete text book on diseases of these parts extant. That it has gone into the subject thoroughly is evidenced by its size, containing, as it does, 866 pages with nearly 300 illustrations.

Differential Diagnosis. Volume II. Presented Through An Analysis of 317 Cases. By Richard C. Cabot, M. D., Assistant Professor of Clinical Medicine, Harvard Medical School. Octavo of 709 Pages, 254 Illustrations. Philadelphia and London. W. B. Saunders Company. 1914. Cloth, $5.50. Half Morocco, $7.00.

Now this second volume of Dr. Cabot's is on Differential Diagnosis and contains an analysis of 317 cases. The chapters are devoted, first, to abdominal and other tumors; second, vertigo; third, diarrhœa; fourth dyspepsia, and then to a large number of minor conditions. The presentation of Differential Diagnosis is a particularly charming one and Dr. Cabot has the art down to a fine point. This with its accompanying volume are really the most practical works on Differential Diagnosis that have ever been presented to the profession. This beautifully bound and illustrated volume should be in the library of every medical man in the world. We cannot too highly recommend this work of Dr. Cabot's.

What Dr. Eli G. Jones, Honorary President American Association of Progressive Medicine and well known Author has to say about Dewey's Practical Homœopathic Therapeutics: "I like the mechanical appearance of the book, its type

is large and clear. In reading the book I am impressed with the faith that the author has made a careful research of Materia Medica to find the *true* indication of each remedy. There are some works on 'Therapeutics' that tell you that a remedy is 'good for' this or that disease, but in this book the author gives a clear-cut indication for each remedy.

"When in doubt about what remedy is indicated in a troublesome case, you have only to refer to this book and there you will find the remedy to fit the case. I never buy books to fill up my library or to look at, but I buy *one* book at a time and study it until I have mastered it. In this way I have accumulated very much of my medical knowledge. I never read Dewey's 'Therapeutics' without gleaning some new therapeutic fact, that I store away in my mind for future use. Dr. Dewey may well be proud of being the author of such a book. It is a book that every physician should have and study to fit himself to *heal the sick.*"

NEWS ITEMS.

CALIFORNIA.

Dr. William Boericke has retired from the editorship of the Pacific Coast Journal of Homœopathy. He is succeeded by Dr. Edgar H. Howell. Dr. Boericke retains charge of the Materia Medica Department.

Among recent visitors to San Francisco were: Dr. C. E. Sawyer, of Marion, Ohio, and Dr. H. R. Chislett, of Chicago.

DISTRICT OF COLUMBIA.

Dr. J. B. Gregg Custis attended the meeting of the New York Homœopathic Medical College Alumni and the Unanimous Club dinner last month.

MICHIGAN.

Dr. J. P. Cobb, of Chicago, addressed the Verification Club, of Ann Arbor, on February 25. His subject was "Infant Feeding."

Extensive preparations are under way for the next meeting of the Michigan State Homœopathic Society in Lansing. It meets May 18th and 19th. Dr. A. B. Smith, of Lansing, is the Secretary and he is a real Secretary.

NEW YORK.

The Alumni Association of the New York Homœopathic Medical College held a meeting on February 23.

The Unanimous Club, of New York, held one of their famous dinners in New York on February 24th.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, on Thursday evening, January 14th, 1915, at 8:30 o'clock. An interesting program had been prepared for the occasion. "The Business Side of the Profession" was the subject chosen by Dr. Wm. W. Speakman, and was well presented. "Illness, Ethics and Death," was the title of the subject presented by Dr. Clarence Bartlett, and who handled same in a very able manner. Dr. Charles Platt's subject, entitled "The Attitude of the Practitioner to the Consultant," was listened to intently by all present. The reports of several Clinical Cases added to the interest of the meeting. The meeting was followed by a social hour and a thoroughly enjoyable time was had by all members present.

WM. M. SYLVIS, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the Majestic Hotel, Broad and Girard avenue, on Monday, the 18th of January, 1915, at 9 o'clock in the evening. Many important topics were discussed at this meeting. The Censors reported favorably the name of Dr. Theodore K. Gramm, after which the election of officers took place. A fine musical program had been prepared by the Entertainment Committee, which proved to be a very enjoyable feature of the occasion. The committee were heartily congratulated upon the very efficient manner in which they had carried out such a successful affair. The meeting was well attended and was thoroughly enjoyed by a large number present.

L. W. THOMPSON, M. D., *Secretary.*

The Oxford Medical Club of Philadelphia held its regular monthly meeting at the Columbia Club, being the guests of Dr. F. L. Hughes, who read an interesting report of "An Old Case," which was well presented and proved to be a pleasing feature of the occasion. The members were royally entertained and the meeting was a very successful one.

E. M. GRAMM, M. D., *Secretary.*

The Society of Surgery, Gynæcology and Obstetrics held its regular monthly meeting at Hahnemann Medical College, on Wednesday evening, January 27th, 1915, at 8:30 o'clock. The scientific program consisted of the following:

"Hepatic Cyst" (report of an unusual case), H. P. Leopold, M. D. Dr. Frank Hughes read a very interesting report of a case, after which several Clinical Cases were reported. Keen interest was shown at this meeting by all present.

J. M. KENWORTHY, M. D., *Secretary.*

The Philadelphia Society for Clinical Research held its regular monthly meeting on Wednesday evening, January 27th, 1915, at 9 P. M., at the office of Dr. Percy Tindall, 2102 Chestnut street. "Important Eye Problems" was the subject for discussion and in which many members took part. The meeting was an interesting one and an enjoyable time was had by those present.

E. A. STEINHILBER, M. D., *Secretary.*

The Clinico-Pathologic Society of Philadelphia

held its regular monthly meeting at Hahnemann College, on Saturday evening, January 16th, 1915, at 8:30 o'clock. The scientific program consisted of the following:

"Medical Aspect of the Phenolsulphonphthalien Test for Renal Functions," S. W. Sappington, M. D.

"Surgical Aspect of the Phenolsulphonphthalien Test for Renal Functions," W. C. Hunsicker, M. D.

"Scientific Defects of the Homœopathic Pharmacopœia," F. J. Frosch, M. D.

Discussion was opened by Dr. T. H. Carmichael. The election of officers, to serve for the ensuing year, took place, after which the meeting adjourned.

B. K. FLETCHER, M. D., *Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Dr. R. E. Tomlin, 2057 N. 8th street, on Wednesday, January 20th, 1915. An interesting paper on "Spinal Therapy" was well presented, after which a hearty discussion took place. The meeting was well attended and an enjoyable time was had by those present.

J. D. BOILEAU, M. D., *Secretary.*

The Eye, Ear, Nose and Throat Society held its regular monthly meeting at Hahnemann College, on Monday evening, January 11th, 1915, at 7 o'clock. Dr. Frank O. Nagle read a well prepared paper and same was thoroughly enjoyed by all present. The meeting was well attended and proved to be quite interesting.

J. F. V. CLAY, M. D., *Secretary.*

The Blair County Homœopathic Medical Society held its regular monthly meeting at the Schmitt House, Altoona, Pa., on Wednesday, January 20th, 1915. Dr. Wm. M. Hillegas and Prof. Ralph Bernstein, both of Philadelphia, Pa., were guests of the society. Dr. Hillegas delivered a very interesting address on "The More Common Diseases of the Eye," which was extensively illustrated with lantern slides. Prof. Bernstein held the attention of his hearers while he delivered a very eloquent address on "Special Dermatologic procedures—Various Methods Used in the Success of Epithelioma, Lupus, Angioma and Vaevae," which was very effectively illustrated in colors with lantern slides.

At 6:45 P. M. all sat down to an excellent dinner and to which all did justice. Among other out-of-town guests were: Dr. Wm. Swartz, of Harrisburg, and Dr. P. L. Balsinger, of Johnstown.

The Board of Trustees of the Homœopathic Medical Society of the State of Pennsylvania held a meeting at the office of Dr. B. F. Books, Altoona Trust Building, Altoona, Pa., on Wednesday, January 20th, 1915, at 4 P. M. Many important topics were discussed at this meeting. It was decided to hold the next annual meeting of the society at Buena Vista Springs, Franklin county, Pa., early in September, 1915. Further plans and the date of the meeting will be announced later by the President, Dr. B. F. Books. Dr. Wm. Hillegas, of Philadelphia, Pa.; Dr. V. Alvah Stewart, of Pittsburgh, Pa., and Prof. Ralph Bernstein, of Philadelphia, Pa., attended the meeting.

The Cambria County Homœopathic Medical Society was organized on Wednesday evening, February 10th, 1915, at Johnstown, Pa., when the physicians of that school of medicine met in one of the rooms of the Y. M. C. A. building, where they had a banquet and spent several hours discussing the new organization and its purpose. Every Homœopath in Johnstown was present and affiliated himself with the new organization, which will unite with the Blair County Homœopathic Medical Society. Together they will hold meetings at stated periods. The next session of the Cambria County Society will be held in two weeks, at a place to be determined later. Dr. H. E. Kistler, of Johnstown, was elected President, and Dr. W. M. Wallace, also of Johnstown, was elected Secretary. They will serve for one year. In addition to Drs. Kistler and Wallace, there were present Drs. Claude J. Wesner, H. H. Sanderson, P. Lee Bolsinger, P. W. Riddles and L. A. Wesner.

Dr. B. F. Books, President of the State Homœopathic Medical Society, addressed the physicians, telling them of the benefits that would accrue from such an organization and of the good meetings held by the Blair County Homœopathic Medical Society.

SOCIAL.

The West Philadelphia Hospital and Dispensary held their ninth annual banquet on Thursday, January 28th, 1915, at The Grenoble, 1919 Green street. A large number of doctors and their friends sat down to the banquet board. A number of witty toasts were delivered by the doctors and caused much merriment. All had a royal time and the occasion was a happy one.

OBITUARY.

Dr. W. W. Knowlton, forty-four years old, died at his residence, Chambers avenue and Benson street, Camden, N. J. He had been ill for some time with kidney trouble and hardening of the arteries. Dr. Knowlton was graduated from Hahnemann College in 1893. After his graduation he went abroad for a year to study skin diseases, in which he became a specialist. He was a member of the Camden Board of Health, the Camden Lodge of Elks, No. 293; Ionic Lodge of Masons, Excelsior Consistory of Scottish Rite Masons and Cyrene Commandery, Knights Templar. He was also a member of the Fourth Ward Republican Club. He is survived by a wife, son and daughter.

OBITUARY.

Dr. Edward Harper.

New Orleans, La., February 9, æt. 51. Pulte Medical College, 1881.

Dr. W. W. Knowlton.

Camden, N. J., January 23, æt. 44. Hahnemann Medical College, Philadelphia, 1893.